CHE	ECK-IN LIST	INCIDENT NUMBER				CHECK IN LOCATION		DATE	
Time In	Name (Last, First)	CAPID	Unit #	101 Card Checked	TRAINING THIS MISSION		NOTIFY IN CASE OF EMERGENCY		Time
					Intended	Accomplished	Name	Phone Number	Out
PAGE	OF	PREPARED B	Y (NAME	AND POSI	ΓΙΟΝ)				<u> </u>